

## State of South Dakota



## Candidate's or Committee's Report of Receipts and Expenditures

Candidates and candidate committees: File in the office where you filed your nominating petition.

PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office,  
500 E Capitol Ave., Pierre, SD 57501-5070

RECEIVED

JAN 30 2006

S.D. SEC. OF STATE

See pages 9 & 10 of the Guideline Book for specific instructions on completing this report.

Name of Candidate or Committee Campbell County Republican Party

Complete Mailing Address P.O. Box 38 204 Main Street

Name of Person Making Report Mark Kroontje Daytime Phone Number 605-437-2426

If you are a candidate, what office are you seeking? NA

If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.

Type of Report (See pages 4 & 5 of Guideline Book) County Central Committee

For Reporting Period Ending (See pages 4 & 5 of Guideline Book) Dec. 31, 2005

*The following verification must be completed before submitting report.*

## VERIFICATION OF PERSON MAKING REPORT

I Mark K. Kroontje (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Date: Jan. 27, 2006

Mark K Kroontje  
Candidate Signature or  
Signature of Committee Treasurer or Chairperson

Revised July 2001

Filed this 30th day of January 2006  
Chris Nelson  
SECRETARY OF STATE





Name of Candidate or Committee: \_\_\_\_\_

For the reporting period ending: \_\_\_\_\_

**Schedule B - Fund-Raising Events Proceeds**

List on this schedule fund-raising events held to raise money for the candidate and the net proceeds derived from each event. If a contributor gives more than \$100 or their contribution results in their aggregate being more than \$100 in the calendar year, those contributions must be itemized on Schedule A.

| Type or Name of Event | Net Proceeds |
|-----------------------|--------------|
|                       |              |
|                       |              |
|                       |              |
|                       |              |
|                       |              |
|                       |              |
|                       |              |
|                       |              |
|                       |              |

Total: \_\_\_\_\_

**Schedule C - In Kind Contributions**

Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported.

| Nature of Non-Cash Contribution | Name, Residence Address & Place of Employment | Estimated Value |
|---------------------------------|---|-----------------|
|                                 |   |                 |
|                                 |   |                 |
|                                 |   |                 |
|                                 |   |                 |
|                                 |   |                 |
|                                 |   |                 |
|                                 |   |                 |
|                                 |   |                 |
|                                 |   |                 |

Total: \_\_\_\_\_

**Schedule D - Other Income**

Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.

| Source of Income | Amount |
|------------------|--------|
|                  |        |
|                  |        |
|                  |        |
|                  |        |
|                  |        |
|                  |        |
|                  |        |
|                  |        |
|                  |        |

Total: \_\_\_\_\_



For the reporting period ending: \_\_\_\_\_

This schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation.

[illegible]

**Total Obligations:** \_\_\_\_\_

Name of Candidate or Committee: \_\_\_\_\_

For the reporting period ending: \_\_\_\_\_

### Summary Page

This summary sheet will give a brief outline of all campaign finance activity during this reporting period. Please transfer all totals from the schedules previously completed.

1. Amount on hand, if any, at the beginning of the reporting period: \$ 409.11
2. Receipts
 

|                                    |    |               |
|------------------------------------|----|---------------|
| Schedule A - Direct Contributions  | \$ | <u>200.00</u> |
| Schedule B - Fund-Raising Events   | \$ | _____         |
| Schedule C - In Kind Contributions | \$ | _____         |
| Schedule D - Other Income          | \$ | _____         |
| Total of all Receipts              | \$ | _____         |
3. Total Monetary Receipts (A+B+D) \$ \_\_\_\_\_
4. Candidate's Personal Contribution to Own Campaign \$ \_\_\_\_\_
5. Monetary Loans to Candidate or Committee During Reporting Period \$ \_\_\_\_\_
6. Monetary Loans Repaid During Reporting Period \$ \_\_\_\_\_
7. Expenditures - Schedule E \$ 500
8. Unpaid Obligations - Schedule F \$ \_\_\_\_\_
9. Amount on hand at the close of this reporting period. \*  
This should equal lines (1+3+4+5) - (6+7) \$ 109.11

